

Introduction

The Ingkintja Learning From Comprehensive Primary Health Care Experiences project examines how the Central Australian Aboriginal Congress Male Health Program reflects the social determinants of health affecting Aboriginal male health, as articulated by Aboriginal males, in the Alice Springs region, Australia.

Context

Aboriginal males in central Australia have higher levels of social disadvantage than Aboriginal males in other regions, Aboriginal women in general and the broader non-Aboriginal community and they suffer from high levels of mental health conditions.

Ingkintja is a branch of the Aboriginal Community Controlled Primary Health Care Service, Central Australian Aboriginal Congress.

Programs at Ingkintja at the time of study-GP clinic (adult health check), counselling, sexual health screening, hygiene facilities, drop-in centre, health education, tool box program, advocacy.



Ingkintja, is a central Australian Aboriginal word, meaning a meeting place for males.

“Our logo shows men (in black) sitting down with younger males and non-Aboriginal males to talk, listen and learn about health. Ceremonially, we wear a layer of white cockatoo feathers that allow our true personalities to come out. Two spears are available to be used as tools for destroying danger, a shield for protection and boomerangs as symbols of extending friendship”.

Methods

A narrative case study approach, incorporating lay knowledge perspectives was employed.

Qualitative methods: literature review, document analysis, key informant interviews and community and service user consultations.

Quantitative data: de-identified service use data from the patient recall system Communicare, service data from program records, program evaluation, funding reports and ABS population data.



Findings

The program in its early years was poorly resourced, inappropriately located and suffered from the social stigma related to being funded as an STI Program. This worked against desire to address poor male access rates to clinics and delivery of a broad holistic health program. Community consultation (2004) is a watershed change for the program.

Aboriginal male health causes, status and needs

Aboriginal males identify the need for individuals to take responsibility for their actions, with appropriate support, this will lead to beneficial changes for their families and then their communities, building individual and collective capacity to address broader social issues that contribute to community health. This represents a sophisticated understanding of the pathways to address the individual structural divide.

Motivation to action include responsibility to, and support from, family, their own sense of self esteem and their understanding of their community (including cultural) obligations.

Aboriginal males locate their health in an emotional wellbeing framework, recognising the impacts of colonisation, changing male roles in contemporary society and social alienation and exclusion from access to employment opportunities as key contributing factors.

Ingkintja: theoretical frameworks, principles and approaches

Ingkintja recognises and works towards empowering Aboriginal males, boosting self-esteem and creating personal and community capacity to address and take action on social issues.

The gender specific nature of the program and its cultural safety aspects are key elements in creating an environment for Aboriginal males to access health care and support.

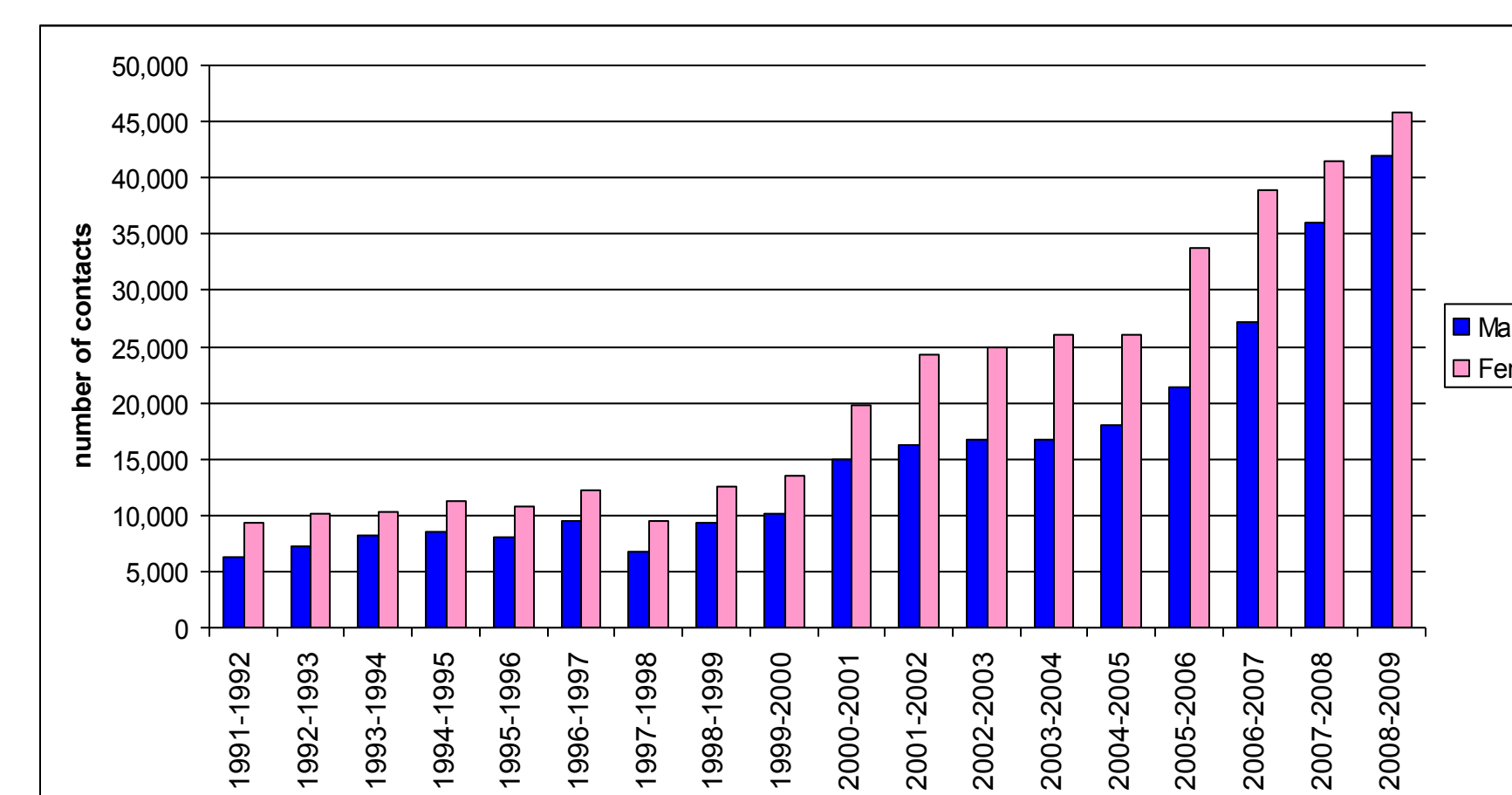
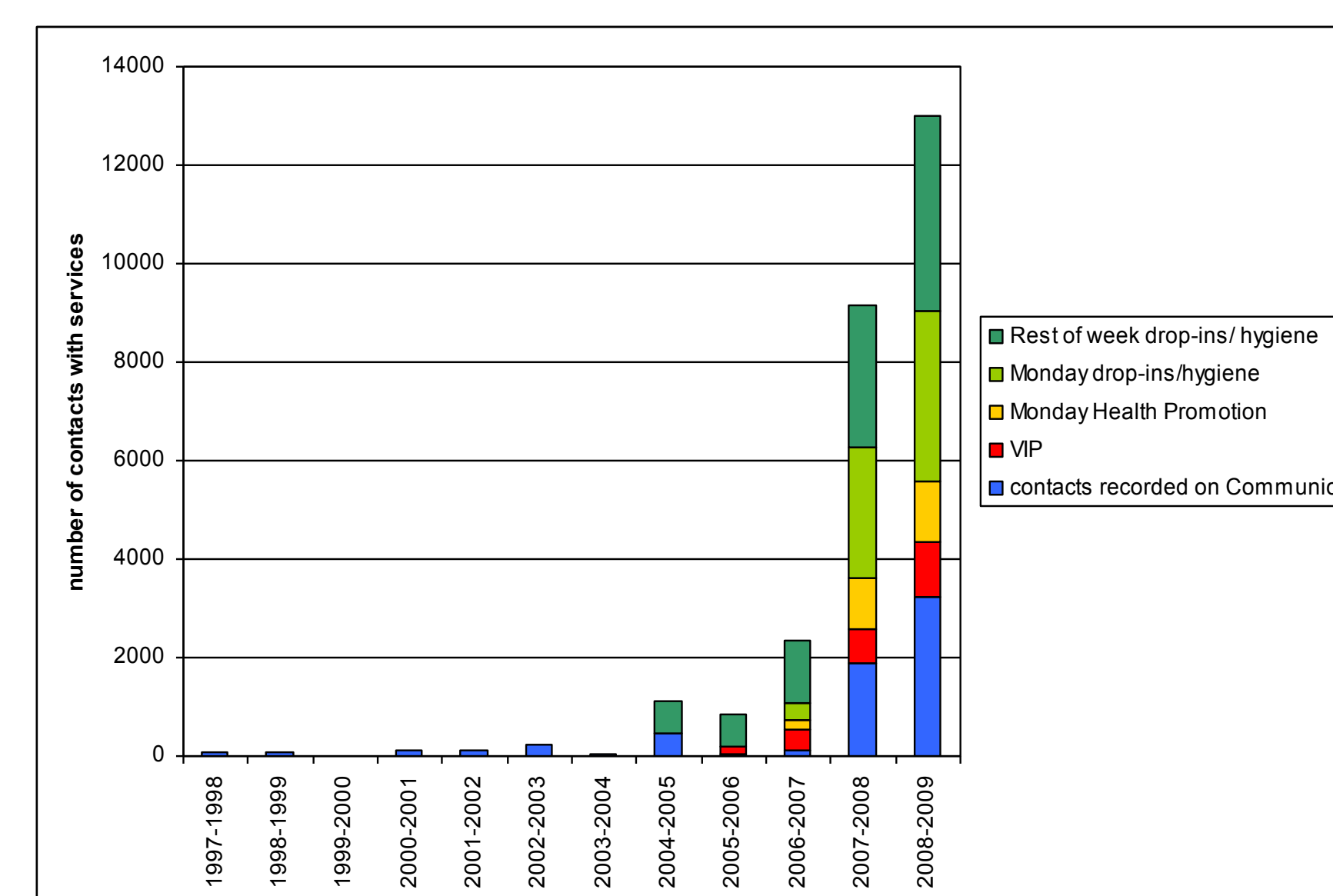
The identified strengths of Ingkintja include:

- a high degree of cultural safety,
- the mix of preventative, health promotion, treatment and rehabilitation services,
- taking a broad holistic view of health,
- the drop-in centre approach,
- multi-discipline staffing,
- advocacy on social determinants of health and
- flexibility and responsiveness in approach and service delivery.

Ingkintja engages in advocacy both under the broader banner of Congress and in its own right, such as the Central Australian Aboriginal Male Health Summit (2008). When Ingkintja has taken direct action on issues coupled with advocacy and capacity building, such as with the Summit, its impact on policy is most recognised.

Access

There has been a significant increase in access rates by Aboriginal males.



Barriers

There exists an interrelated set of issues that act as program barriers including:

- ongoing issues around access to services by Aboriginal males,
- limited and inflexible funding and
- government policies that vilify and undermine Aboriginal male dignity and roles within their communities.

This includes a health policy discourse that blames Aboriginal males for their and their community's poor health and social problems and male health policy that focuses on sexual health.

Conclusion

Congress Ingkintja provides a very successful health service program with high community support and utilisation rates to Aboriginal males in the central Australian region.

Utilising community development and comprehensive primary health care principles, Ingkintja staff work sympathetically and effectively with Aboriginal males to empower them to take action to address the social determinants of health.

The program balances its focus on developing individual capacity to deal with these issues, with broader advocacy work at the structural and policy level.

Capacity development & training

Capacity development occurred via a formal training strategy, informal transfer processes between researchers and program staff and mentoring.

Acknowledgements

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Incorporating the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health